# State of Illinois Uniform Notice of Funding Opportunity (NOFO) Summary Information

Awarding Agency Name	Public Health
Agency Contact	Lisa Upshaw-Smith (Lisa.Upshaw-Smith@illinois.gov)
Announcement Type	Initial
Type of Assistance Instrument	Grant
Funding Opportunity Number	NA
Funding Opportunity Title	Illinois Family Planning Program
CSFA Number	482-00-0924
CSFA Popular Name	Title X, Illinois Family Planning Program
Anticipated Number of Awards	10
Estimated Total Program Funding	\$3,000,000
Award Range	\$10000 - \$3000000
Source of Funding	State
Cost Sharing or Matching Requirements	No
Indirect Costs Allowed	Yes
Restrictions on Indirect Costs	No
Posted Date	11/13/2020
Application Date Range	11/13/2020 - 12/14/2020 : 5:00pm
Grant Application Link	Please select the entire address below and paste it into the browser https://idphgrants.com/user/home.aspx
Technical Assistance Session	No



# **Uniform Notice of Funding Opportunity (NOFO)**

Data Field	
Awarding Agency Name:	Illinois Department of Public Health
Agency Contact:	Name: LISA UPSHAW-SMITH
	Phone: 312-814-8704
	Email: Lisa.Upshaw-Smith@illinois.gov
Announcement Type:	x Initial announcement
	Modification of a previous announcement
Type of Assistance Instrument:	Grant
Agency Opportunity Number:	N/A
<u> </u>	Illinois Family Planning Program
CSFA Number:	482-00-094
CSFA Popular Name:	Illinois Family Planning Program
CFDA Number(s):	N/A
Number of Anticipated Awards:	1 -10
<b>Estimated Total Funding Available:</b>	3,000,000
Single Award Range:	10,000 – 3,000,000
Funding Source:	Federal or Federal pass-through
Mark all that apply	x State
	Private / other funding
Is Cost Sharing or Match Required?	Yes x No
Indirect Costs Allowed?	x Yes No
Restrictions on Indirect Costs?	Yes x No
	If yes, provide the citation governing the restriction:
Posted Date:	November 13, 2020
Application Date Range:	Start Date: November 13, 2020
Leave the 'End Date' and 'End Time'	End Date: December 14, 2020
empty if there is no deadline.	End Time: 5:00 pm
	Awarding Agency Name: Agency Contact:  Type of Assistance Instrument: Agency Opportunity Number: Funding Opportunity Title: CSFA Number: CSFA Popular Name: CFDA Number(s):  Number of Anticipated Awards: Estimated Total Funding Available: Single Award Range: Funding Source: Mark all that apply  Is Cost Sharing or Match Required? Indirect Costs Allowed? Restrictions on Indirect Costs?  Posted Date: Application Date Range: Leave the 'End Date' and 'End Time'

18.	Technical Assistance Session:	Session Offered: Yes x No Session Mandatory: Yes x No
		Date and time: n/a Conference Info/Registration Link: n/a

#### Agency-specific Content for the Notice of Funding Opportunity

#### A. Program Description

The mission of the Family Planning Program is to provide voluntary comprehensive family planning services to low-income individuals of reproductive age including information and means to enable personal choice in determining the number and spacing of their children, if and when pregnancy is desired. Through this effort, the program seeks to improve the wellbeing of communities by lowering the incidence of unintended pregnancy, improving maternal and infant health, and reducing the incidence of abortion. The program aims to reduce the health and social impact of unintended pregnancies and the transmission of sexually transmitted infections. It collaborates with other programs to integrate and expand family planning and reproductive health services.

Family planning programs provide clinical, educational, social, and referral services related to family planning to individuals who want such services. All projects must offer a broad range of acceptable and effective, medically approved, family planning methods and services, basic infertility services, pregnancy diagnosis, pregnancy counseling that includes all options, STD diagnosis and treatment, HIV education and screening for breast, cervical and testicular cancer

Through this funding opportunity, the Department is seeking qualified organizations in specific areas of the state to provide comprehensive family planning services.

## **B.** Funding Information

This award is utilizing federal pass-through, x state and/or private funds.

1. The Office of Women's Health and Family Services (OWHFS) intends to allocate family planning funds to sub recipient/delegate agencies in areas that are non-Title X funded throughout the State to ensure fair distribution of funds and to ensure that the citizens of Illinois are able to receive family planning care in a location that is convenient for them and meets their needs.

The OWHFS anticipates availability of funds for Fiscal Year 2021 throughout areas of approximately \$3,000,000 for the competing grants. The actual amount available will not be determined until the full approval of this year's budget. Projects must be sure to include financial support from sources other than the Illinois Family Planning program through the project budget and budget justification.

2. The OWHFS is committed to making family planning services available throughout areas of the State. To ensure coverage of services, programs may apply to serve areas that have been identified by the OWHFS as needing Family Planning services.

The OWHFS recognizes the need for family planning services in Illinois. Based on estimates by Illinois Department of Public Health - Office of Performance Management

Page 3 of 11

(Updated 6/2019)

Illinois Department of Public Health Vital Statistic Records of the current accessibility of family planning services and population density and the Guttmacher Institute's review of Illinois Women needing contraceptive services between 13 and 44 years of age, all counties of the State of Illinois have been identified as areas eligible for family planning services.

In a recent survey from the Guttmacher Institute it has found that "over 40% of women have changed their plans about having children in the coming year due to COVID-19 pandemic".

#### C. Eligibility Information

Regardless of the source of funding (federal pass-through or State), all grantees are required to register with the State of Illinois through the Grant Accountability and Transparency Act (GATA) website, <a href="www.grants.illinois.gov">www.grants.illinois.gov</a>, complete a prequalification process, and be determined "qualified" as described in Section 7000.70. Registration and prequalification is required before an organization can apply for an award.

The entity is "qualified" to be an awardee if it:

- 1) has an active DUNS number;
- 2) has an active SAM.gov account;
- 3) has an acceptable fiscal condition;
- is in good standing with the Illinois Secretary of State, if the Illinois Secretary of State requires the entity's organization type to be registered. Governmental entities, school districts and select religious organizations are not required to be registered with the Illinois Secretary of State. Refer to the Illinois Secretary of State Business Services website: http://www.cyberdriveillinois.com/departments/business\_services/home.html;
- 5) is not on the Illinois Stop Payment List;
- 6) is not on the SAM.gov Exclusion List;
- 7) is not on the Sanctioned Party List maintained by HFS.

#### 1. Eligible Applicants

Applicants will be healthcare providers from non-profit community-based health care organizations, hospitals-based clinics, community health centers, or a family planning specialty agency with experience providing family planning, counseling, education and outreach services. All projects must offer a broad range of acceptable and effective, medically approved, family planning methods and services, basic infertility services, pregnancy diagnosis, pregnancy counseling that includes all options, STD diagnosis and treatment, HIV education and screening for breast, cervical and testicular cancer. Federal Title X sites cannot apply.

#### 2. Cost Sharing or Matching

According to the CFR Title 45, Part 74, the following may be considered for cost sharing, which applies for most of our agencies: (d) Volunteer services furnished by professional and technical personnel, consultants, and other skilled and unskilled labor may be counted as cost sharing or matching if the service is an integral and necessary part of an approved project or program and (f)Donated supplies may include such items as expendable property, office supplies, laboratory supplies or workshop and classroom supplies.

Illinois Department of Public Health - Office of Performance Management Page 4 of 11

#### 3. Indirect Cost Rate

Annually, each organization receiving an award from a State grantmaking agency is required to enter the centralized Indirect Cost Rate System and make one of the following elections for indirect costs to State and federal pass-through grants:

- A) Federal Negotiated Indirect Cost Rate Agreement (NICRA);
- B) Election of the de minimis rate of 10% of MTDC;
- C) Election not to charge indirect costs; or
- D) Negotiate an indirect cost rate with the State of Illinois.

The awardee shall make one election or negotiate a rate that all State agencies must accept unless there are federal or State program limitations, caps or supplanting issues.

# 4. Other, if applicable

#### D. Application and Submission Information

#### 1. Address to Request Application Package

Applications must be submitted via the Illinois Department of Public Health's Electronic Grants Administration and Management System (EGrAMS), accessible at <a href="identify:identify

Since high-speed internet access is not yet universally available for downloading documents or accessing the electronic application, and applicants may have additional accessibility requirements, applicants may request paper copies of materials by contacting:

Lisa Upshaw-Smith, Program Administrator Illinois Family Planning Program Illinois Department of Public Health Office of Women's Health and Family Services 122 South Michigan Ave, 7th FL Chicago, Illinois 60603

Telephone: 312-814-8704

E-mail: Lisa.Upshaw-Smith@illinois.gov

# 2. Content and Form of Application Submission

The application format is provided via Egrams, which must be completed in its entirety. While some of the sections in this application relate specifically to The Family Planning Program, many sections must be completed for all grant programs. Therefore, it might be helpful for your Agency to prepare standard responses for those sections. Please note that "Instructions" boxes appear on screens throughout the Egrams online application, and it is suggested that you click on these for additional guidance and tips for completion. The completed application will include the following sections upon completion in Egrams.

Illinois Department of Public Health - Office of Performance Management Page 5 of 11

# 3. Dun and Bradstreet Universal Numbering System (DUNS) Number and System for Award Management (SAM)

Each applicant (unless the applicant is an individual or Federal or State awarding agency that is exempt from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the Federal or State awarding agency under 2 CFR § 25.110(d)) is required to:

- (i) Be registered in SAM before submitting its application. If you are not registered in SAM, this link provides a connection for SAM registration: https://www.sam.gov/SAM/
- (ii) provide a valid DUNS number in its application; and
- (iii) continue to maintain an active SAM registration with current information at all times during which it has an active Federal, Federal pass-through or State award or an application or plan under consideration by a Federal or State awarding agency.

The State awarding agency may not make a Federal pass-through or State award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time the State awarding agency is ready to make a Federal pass-through or State award, the State awarding agency may determine that the applicant is not qualified to receive a Federal pass-through or State award and use that determination as a basis for making a Federal pass-through or State award to another applicant.

#### 4. Submission Dates and Times

December 14, 2020 at 5:00 pm

#### 5. Intergovernmental Review, if applicable

Proposals will be reviewed by a panel established by staff from IDPH, which may include OWHFS staff familiar with the requirements of the program, academics and experts in the field of programs serving women of childbearing age, and/or representatives of community-based social service providers who are not party to applications for funding under this announcement

#### 6. Funding Restrictions

Funding restricted to reproductive health services to include clinical, educational, social, and referral services related to family planning to individuals who want such services. All projects must offer a broad range of acceptable and effective, medically approved, family planning methods and services, basic infertility services, pregnancy diagnosis, pregnancy counseling that includes all options, STD diagnosis and treatment, HIV education and screening for breast, cervical and testicular cancer.

# 7. Other Submission Requirement N/A

#### **E. Application Review Information**

As the application is competitive, it will be scored and reviewed for completeness and accuracy. While recommendations of the review panel will be a key factor in the funding decisions, the IDPH maintains final authority over funding decisions and considers the findings of the review panel to be non-binding recommendations. Any internal documentation used in scoring or awarding of grants shall not be considered public information.

The OWHFS reserves the right to request additional information that could assist with its award decision. Applicants are expected to provide the additional information within a reasonable period of time. Failure to provide the information could result in the rejection of the proposal.

If we do not consider the price to be fair and reasonable, we will attempt to negotiate an acceptable price to meet our mutual needs. We will determine whether the price is fair and reasonable by considering the application, including the applicant's qualifications, the applicant's reputation, all prices submitted, other known prices, the project budget and other relevant factors.

Proposals will be reviewed by comparing the application to the requirements cited in the checklist and stated in federal and state laws, regulations and program standards that must be complied with by successful applicants. Failure to demonstrate that the applicant understands and presents a reasonable, logical and practical plan and acceptable protocols for meeting any relevant regulation will be grounds for determining that an application is unresponsive.

#### 1. Criteria

The Illinois Family Planning Program grant applications are reviewed by IDPH staff to determine if the application is complete and accurate. The following components must be submitted by all applicants:

- Applicant Information
- Applicant Grant History
- Scope of Work
- Work Plan
- Grant Budget
- Certifications
- Attachments:
- W-9

The below are in separate documents and must accompany the application as uploaded attachments:

Illinois Department of Public Health - Office of Performance Management Page 7 of 11

- Clinic Schedule
- 2. Applicant Schedule of Discount
- 3. Sliding Fee Scale
- 4. Resumes: Medical Director, Nurse
- 5. Job descriptions: Administrator, Coordinator, Medical Director, Nurse
- 6. Family Planning Program Organizational Chart
- 7. Training Attendance Form
- 8. Programmatic Risk Assessment
- 9. Sub-Contractor / Sub-Grantee Disclosure

#### 2. Review and Selection Process

Review process is described above. This is a competitive process.

#### Merit-Based Review Appeal Process

For competitive grants, only the evaluation process is subject to appeal. Evaluation scores or funding determinations/outcomes may not be contested and will not be considered by the Department's Appeals Review Officer.

To submit an appeal, the appealing party must:

- Submit the appeal in writing and in accordance with the grant application document through IDPH's Merit-Based Review Appeal Request Form available in the GATA section of the IDPH website (www.dph.illinois.gov/GATA).
- Appeals must be received within 14 calendar days after the date that the grant award notice was published.
- o Appeals must include the following information:
  - The name and address of the appealing party
  - Identification of the grant
  - A statement of reasons for the appeal
  - If applicable, documents or exhibits to support statement of reason

The IDPH Appeals Review Officer (ARO) will consider the grant-related appeals and make a recommendation to the appropriate Deputy Director as expeditiously as possible after receiving all relevant, requested information.

- The ARO must review the submitted Appeal Request Form for completeness and acknowledge receipt of the appeal within 14 calendar days from the date the appeal was received.
- The ARO will utilize an Appeal Review Tool to consider the integrity of the competitive grant process and the impact of the recommendation.
- The appealing party must supply any additional information requested by the agency within the time period set in the request.
- The ARO shall respond to the appeal within 60 days or supply a written explanation to the appealing party as to why additional time is required.

Documentation of the appeal determination shall be sent to the appealing party and must include the following:

Illinois Department of Public Health - Office of Performance Management Page 8 of 11

- Standard description of the appeal review process and criteria
- Review of the appeal
- Appeal determination
- o Rationale for the determination

In addition to providing the written determination, the grant-making office may do the following:

- Document improvements to the evaluation process given the findings and re-review all submitted applications.
- Document improvements to the evaluation process given the findings and implement improvements into the following year's grant evaluation process.
- o Provide written notice to the appealing party as to how the identified actions will be remedied.

Appeals resolutions may be deferred pending a judicial or administrative determination when actions concerning the appeal have commenced in a court of administrative body.

# 3. Anticipated Announcement and State Award Dates, if applicable.

Anticipated Program Start Date December 1, 2020
Anticipated Program End Date June 30, 2021

#### F. Award Administration Information

#### 1. State Award Notices

Upon completion of the submission and review process, each successful grantee will receive a grant agreement to be signed by the entity's authorized official. The grant agreement is not binding on the parties until it has been fully executed by the Illinois Department of Public Health and a fully executed, original copy is provided to the grantee.

A Notice of State Award (NOSA) shall be issued to the finalists who have successfully completed all grant award requirements and have been selected to receive grant funding.

The NOSA will specify the funding terms and specific conditions resulting from applicable pre-award risk assessments.

The Illinois Department of Public Health (IDPH) is exempt from utilizing the standard NOSA issued on the GATA Grantee Portal. Successful applicants will receive an email notification from EGrAMS and must review the funding terms and specific conditions in the grant agreement and accept utilizing an electronically signature. Both the electronic signature in EGrAMS and a physical signature on the grant agreement must be completed by an authorized representative of the grantee organization and submitted to IDPH.

A Notice of Denial shall be sent to the applicants not receiving awards via EGrAMS.

#### 2. Administrative and National Policy Requirements

Illinois Family Planning Services Code (77 Illinois Administrative Code 635); Regulations: Sterilization Regulations-Sterilizations of persons in Federally Assisted Family Planning Projects, 42 CFR part 50, subpart B; HHS Grants Administration Regulations, 45 CFR parts 74 and 92, OMB

Circular Regulations CFR 200; Illinois Department of Public Health *Family Planning Program Guidelines Manual* (IDPH Guidelines), March 2016; Illinois Abused and Neglected Child Reporting Act (325 ILCS 5/1 et. seq.); Illinois Trafficking of Persons and Involuntary Servitude Act (720 ILCS 5/10-9); Occupational Safety and Health Administration (OSHA); Clinical Laboratories Improvement Amendments (CLIA); Health Insurance Portability and Accountability Act (HIPAA); and Illinois Professions and Occupations Statutes: 225 ILCS 60 – Medical Practice Act of 1987; 225 ILCS 65 – Nursing and Advanced Practice Nursing Act; and 225 ILCS 95 – Physician Assistant Practice Act of 1987.

# 3. Reporting

All quarterly/monthly reports will be submitted to the Egrams system.

- a. Illinois Family Planning Work Plan Progress Report for the periods of July 2020 December 2020 shall be submitted on January 15, 2021 through Egrams Progress Reporting.
- b. Illinois Family Planning Work Plan Progress Report for the periods of January 2021 June 2021 shall be submitted on July 15, 2021 through Egrams Progress Reporting.
- c. Family Planning Annual Report (FPAR): for the period January 2021-June 2021 shall be submitted on July 30, 2021 at Egrams Progress reporting.
- d. Family Planning Annual Report (FPAR): for the period January 2020-December 2020 shall submitted on January 30, 2021 at Egrams Progress reporting.
- e. Client services data as provided through the 6-month Bills Procedure report for the period covering July 1, 2020 through December 31, 2020 shall be submitted to the Department's billing contractor, Ahlers, no later than 5p.m. CST on February 5, 2021.
- f. Client services data as provided through the 6-month Bills Procedure report for the period covering for January 1, 2021 through June 30, 2021 shall be submitted to the Department's billing contractor, Ahlers, no later than 5 p.m. CST on August 5, 2021.
- g. Illinois Family Planning Training Attendance Report for the periods of July 2020- June 2021 shall be due July 15, 2021 through Egrams Progress Reporting.
- h. Timeliness to Treatment for positive Chlamydia and Gonorrhea cases shall be entered into the Illinois National Electronic Disease Surveillance System (I-NEDSS) timely per occurrence. The I-NEDSS is utilized to enter, investigate and monitor infectious diseases in the state of Illinois to improve the ability of public health agencies to track and respond to emerging infectious disease outbreaks and bioterrorism threats.
- i. Submit client services information to the Department's Family Planning data and billing contractor, Ahlers & Associates, utilizing the automated Clinic Visit Record System no later than 5 p.m. CST on the 5th day of each month.
- j. Bills Procedure Report shall be submitted to Program Administration by the 15th of each month and shall be certified with the signature of the agency Authorizing Official.
- k. Federal Financial Report for the periods of July 2020-September 2020, October 2020-December 2020, January 2021-March 2021 and April 2021-June 2021 will be due 15 days after the end of the quarter.
- l. Equipment Inventory Report shall be submitted annually for the period of July 2020-June 2021 by July 15, 2021.
- m. Information and Education Committee Meeting Minutes shall be submitted annually for the period of July 2020-June 2021 by July 15, 2021.

#### **G. State Awarding Agency Contact(s)**

Lisa Upshaw-Smith
Family Planning Administrator
IL Department of Public Health
Office of Women's Health and Family Services
122 S. Michigan Ave., 7th Floor
Chicago, IL 60603
312-814-8704
Lisa.Upshaw-Smith@illinois.gov

Natacha S. McGowan, BSN, RN, MPA Illinois Department of Public Health Office of Women's Health and Family Services Family Planning Clinical Coordinator 122 South Michigan Avenue, 7<sup>th</sup> Floor Chicago, Illinois 60603 312.814.4519 natacha.saintilus-mcgowan@illinois.gov.

#### H. Other Information, if applicable

- To locate your legislative, State House and Congressional Districts please visit the Illinois State Board of Elections website at: http://www.elections.il.gov/districtlocator/addressfinder.aspx?latlong
- Provide Medicaid Provider Number (by clinic site, if different)
- Provide organizational chart(s) (Program Guidelines 6.5)
- Define your service area by listing the counties served. Cook county applicants must identify the community areas served.
- Identify all service area health care agencies to include FQHCs, school health clinics, rural health centers, physician practices and hospital-based clinics.
- HUMAN SUBJECTS RESEARCH: Provide statement of understanding to adhere to the legal requirements governing human subject's research as detailed in 45 CFR Part 46 -Protection of Human Subjects, (Program Guidelines 5.5).
  - Has your agency been approved through IDPH to conduct a current Human Subject Research Project? \_\_\_\_\_Yes \_\_\_\_\_No;
  - o If yes, provide a quarterly update and the final report.
- FQHC STATUS: Does your organization hold Federally Qualified Health Center (FQHC) status?
   Yes \_\_\_\_ No; if yes provide justification of need for Illinois Family Planning dollars.
- SCHEDULE OF DISCOUNTS: Upload a current annual Schedule of discounts for 5-8 levels with CY 2020 Federal Poverty Levels applied. Please upload a current annual copy of your agency fee scale.
- SLIDING FEE SCALE: The Sliding Fee Scale is based on the number of payment categories you have selected as indicated on your Schedule of Discounts. Sliding fee schedule up to 250% of

federal poverty level; and FP clients with family income of 100% FPL or below must be zero pay for the FP services portion.

#### **Mandatory Forms -- Required for All Agencies**

- 1. Uniform State Grant Application Available at <a href="idphgrants.com">idphgrants.com</a> for eligible applicants New to EGrAMS, click HERE to see how to Get Started
- 2. Project Narrative (included in EGrAMS application)
- 3. Budget (included in EGrAMS application)
- 4. Budget Narrative (included in EGrAMS application)

Other program-specific mandatory forms:

The below are in separate documents and must accompany the application as uploaded attachments:

- 1. Clinic Schedule
- 2. Applicant Schedule of Discount
- 3. Sliding Fee Scale
- 4. Resumes: Medical Director, Nurse
- 5. Job descriptions: Administrator, Coordinator, Medical Director, Nurse
- 6. Family Planning Organizational Chart
- 7. Training Attendance Form
- 8. Programmatic Risk Assessment
- 9. Sub-Contractor / Sub-Grantee Disclosure